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CONFIRMATION NO. 2039

| SERIAL NUMBER | FILING or 371(c) DATE RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 08/951,832 | 10/16/1997 | 604 | 3761 | VAC.312B.US | | |
| APPLICANTS CESAR Z. LINA, UNIVERSAL CITY, TX; KEITH HEATON, POOLE, UNITED KINGDOM; ** CONTINUING DATA ***** This application is a CON of 08/517,901 08/22/1995 ABN which is a CIP of 08/293,854 08/22/1994 ABN ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/27/1997 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MELANIE J HAND/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance Initials | STATE OR COUNTRY TX | SHEETS DRAWINGS 11 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS KINETIC CONCEPTS, INC. C/O SONNENSCHN NATH & ROSENTHAL LLP P.O. BOX 061080 WACKER DRIVE STATION, SEARS TOWER CHICAGO, IL 60606 UNITED STATES | | | | | | |
| TITLE WOUND THERAPY DEVICE AND RELATED METHODS | | | | | | |
| FILING FEE RECEIVED 1490 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |